

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Managed Risk Medical Insurance Board		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1000 G Street, Room 450			
Area Code/Phone Number (916) 324-4695	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 09/29/11 (month, day, year)	
Agency Contact (name and title)			

2. Donor Name and Address

☐ Individual _____ Last Name First Name
 ☒ Other CA Partnership of Healthcare Advocates Name

Address City State Zip Code

CA Advocacy Network for uninsured children and families

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____ Name	\$ _____ Amount	_____ Name	\$ _____ Amount
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3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel New Orleans, LA Ontario, CA

9/28/11	\$ 169.40	\$ _____	\$ _____	\$ _____	\$ 169.40
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

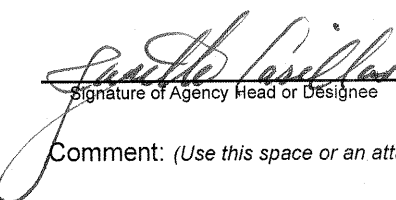
CA Conference on navigating the new Affordable Care Act and its impact on the roles of Enrollment Entities and Certified Application Assistants today and tomorrow.

Identify the officials for whom the payment was used:

Sanchez	Ernesto A.	Deputy Director	Eligibility & Enrollment
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Janette Casillas	Executive Director	9/29/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)